

**ND RYAN WHITE PROGRAM PART B RECERTIFICATION**

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL

SFN 58583 (Rev. 09-2017)

Please complete this form and return to your Ryan White Case Manager by October 31.
Failure to do so will result in termination of RW and ADAP assistance.

Personal Information

Name	Date of Birth	ND Ryan White Client Number
Street Address		
City		
State/Zip Code		
Home Telephone	Email	Cell Phone

Employment

My income has changed since last reenrollment: <input type="checkbox"/> Yes (please attach a proof of current income) <input type="checkbox"/> No

Medical Coverage

My medical coverage has changed since my last reenrollment in April:		
<input type="checkbox"/> Yes (please attach a copy, both front and back, of your insurance card)	<input type="checkbox"/> No	
Please select your current insurance coverage and include the policy name and number.		
<input type="checkbox"/> No Insurance*		
<input type="checkbox"/> Medicaid (Traditional)_____	<input type="checkbox"/> Medicaid Expansion_____	
<input type="checkbox"/> Medicare Part A/B_____	<input type="checkbox"/> Medicare Part D_____	
<input type="checkbox"/> Private Employer_____		
<input type="checkbox"/> Private Individual_____		
Is this a Marketplace plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving ADAP Premium Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> VA, Other Military	<input type="checkbox"/> IHS	<input type="checkbox"/> Other (specify): _____
*If you are uninsured, please briefly explain why you are not enrolled in, or do not qualify, for health coverage:		

1. Are you a tobacco user?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Former User
2. Are you interested in quitting at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Are you exposed to second hand smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Referral offered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Client Signature	Date
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